

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

*Request to Amend  
Class C Charter Certificate  
of Clifco, LLC dba  
Compass Transportation*

191410  
BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2008-58-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: JASON M. CROWNTelephone: 843.559.0410Address: COMPASS TRANSPORTATION

Fax: \_\_\_\_\_

3226 MAYBANK HWY #E3

Other: \_\_\_\_\_

JOHNS ISLAND, SC 29455Email: JASON@RIDECOMPASS.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input checked="" type="checkbox"/> Request to Amend Passenger Limit   |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
MAR 19 2008  
PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



## CLASS C AMENDMENT FORM

## File the original with:

Public Service Commission of South Carolina  
Docketing Department  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1441 Main Street, Suite 300  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE: 18 MARCH 2008

I have the following Certificate of Public Convenience and Necessity:

☐ Class C Taxi # \_\_\_\_\_ ☒ Class C Charter # \_\_\_\_\_ ☐ Class C Charter Bus # \_\_\_\_\_  
☐ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☐ Name Change

From: \_\_\_\_\_ DBA: \_\_\_\_\_  
(Current Name) (Current DBA if applicable)

TO: \_\_\_\_\_ DBA: \_\_\_\_\_  
(New Name) (New DBA if applicable)

☐ Scope of Authority

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Current Scope) (New Scope)

☒ Passenger Limit

From: 4 To: 15  
(Current Limit Number) (New Limit Number)

Cliffco, LLC D/B/A  
(Name & DBA if applicable)  
3226 MAYBANK HIGHWAY SUITE E3  
JOHNS ISLAND, SC 29455  
(City, State, Zip Code)

843.559.0410  
(Telephone Number)

Compass Transportation  
(Street Address)  
Jason M. Monen  
(Signature)  
MANAGING PARTNER  
(Title)